



STATE OF OHIO
DEPARTMENT OF TAXATION

Prescribed by Department of Taxation

APPLICATION FOR VENDOR'S LICENSE
TO MAKE TAXABLE SALES

LICENSE NUMBER ASSIGNED
BY COUNTY AUDITOR

TO THE AUDITOR OF **STARK** COUNTY

Pursuant to Section 5739.17 Revised Code of Ohio, I/we herewith make application for a license to make taxable sales at the following location: (For sole owner, print individual's name, for partnership, print full names of all partners, for corporation, print corporation's name and Ohio corporation charter number. If a foreign corporation, print certificate number issued by Secretary of State authorizing transaction of business in Ohio. Section 1703.01 O. R. C.)

NAME _____ # _____ CORPORATION CHARTER

TRADE NAME OR DBA, IF OTHER THAN ABOVE _____ TELEPHONE NO. _____

BUSINESS ADDRESS _____

CITY _____ STATE _____ ZIP CODE _____

KIND OF BUSINESS _____ CODE NUMBER _____ DATE _____

ALAN HAROLD, Stark County Auditor By _____, Deputy

APPLICATION AND PAYMENT OF THE \$25.00 APPLICATION FEE IS TO BE FORWARDED TO THE AUDITOR OF THE COUNTY IN WHICH THE SALES ARE TO BE MADE.

1. MAILING ADDRESS (IF OTHER THAN ABOVE)

STREET ADDRESS _____ CITY, TOWN, VILLAGE _____ STATE _____ ZIP CODE _____

2. RESIDENCE ADDRESS OF VENDOR OR HOME OFFICE OF CORPORATION

STREET ADDRESS _____ CITY, TOWN, VILLAGE _____ STATE _____ ZIP CODE _____

3. FEDERAL EMPLOYER IDENTIFICATION NUMBER OR IF NONE ASSIGNED FOR REPORTING FEDERAL TAXES PLEASE ENTER YOUR SOCIAL SECURITY NUMBER.

1 – FEDERAL IDENTIFICATION

2 – SOCIAL SECURITY NUMBER

4. CHECK WHETHER VENDOR OPERATES AS

0. ☐ CORPORATION 1. ☐ SOLE OWNER 2. ☐ PARTNERSHIP 3. ☐ FIDUCIARY 4. ☐ ASSOCIATION
5. ☐ BUSINESS TRUST 6. ☐ LIMITED LIABILITY COMPANY

5. If you operate as a corporation or partnership, list appropriate names, addresses and social security numbers below.

President/Partner _____
Name _____ Address _____ Social Security Number _____

Vice-Pres./Partner _____
Name _____ Address _____ Social Security Number _____

Secy/Treas./Partner _____
Name _____ Address _____ Social Security Number _____

6. When did or will you start making taxable sales at this location? _____

7. _____
Name _____ Address _____ Vendor's license number of previous owner _____

8. Will you be selling beer, wine or liquor at this location? YES _____ NO _____. If a holder of permit(s) issued by the Department of Liquor Control, state permit class _____ and number _____

9. Approximately how much sales tax do you expect to collect each month? _____

10. If two or more stores are operated and you file returns under cumulative return authority, what is your Master Number? _____

NOTE: The County Auditor shall not issue a vendor's license until all questions on this application are answered. Application and payment of the \$25 fee should be forwarded to the auditor of the county in which the sales are to be made.

I HEREBY DECLARE THE ABOVE TO BE TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(signature of vendor or agent)